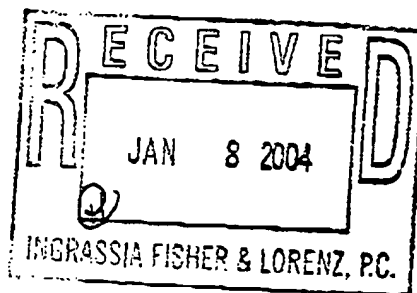


FILE COPY

**REVOCATION OF POWER OF ATTORNEY & POWER OF
ATTORNEY, CHANGE OF CORRESPONDENCE**

Applicant: Raj Bridgelall
Application No.: 09/588,833
Filing Date: June 7, 2000
Art Unit: 2635
Examiner: Edwin C. Holloway III
Atty Docket No.: SYM-7

TITLE: WIRELESS LOCATING AND TRACKING SYSTEMS

ENCLOSED:

1 Page Transmittal Form
1 Page Revocation of Power of Attorney
1 Page Power of Attorney
1 Page Certificate Under 37 CFR 3.73(b)

TJL/sdh

Date: 12/29/03



(022.0039)

[Handwritten signature]

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PTO/SB/21 (03-03)

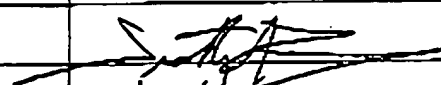
Approved for use through 07/31/2008. OMB 0651-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/588,833	
	Filing Date	June 7, 2000	
	First Named Inventor	Raj Bridgelall	
	Art Unit	2635	
	Examiner Name	Edwin C. Holloway III	
Total Number of Pages in This Submission	4	Attorney Docket Number	SYM-7

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) Return Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Timothy J. Lorenz, Reg. No. 41,954
Signature	
Date	12/29/03

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Timothy J. Lorenz, Reg. No. 41,954		
Signature		Date	12/29/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND FEES OR COMPLETED FORMS TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/588,833
Filing Date	June 7, 2000
First Named Inventor	Raj Bridgelall
Art Unit	2635
Examiner Name	Edwin C. Holloway III
Attorney Docket Number	SYM-7

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

29.906

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Paul R. Juhasz, Vice President

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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